2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000002956

1. Entity Name
HEATHBROOK OCALA OWNER CORP

Principal Place of Business	Mailing Address
C/O PREI,ATTN: J. MULFORD 8 CAMPUS DRIVE PARSIPPANY, NJ 07054	C/O PREI,ATTN: J. MULFORD 8 CAMPUS DRIVE PARSIPPANY, NJ 07054

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02062006 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1887927
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARPEY, MICHAEL
STREET ADDRESS	CSFB, ELEVEN MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	V
NAME	NADEL, EWARD
STREET ADDRESS	CSFB, ELEVEN MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	V
NAME	RUSSELL, DAVID M
STREET ADDRESS	CSFB, ELEVEN MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	S
NAME	RUSSO, LORI
STREET ADDRESS	CSFB, ELEVEN MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	T
NAME	KINDLER, ZEV
STREET ADDRESS	CSFB, ELEVEN MADISON AVE.
CITY-ST-ZIP	NEW YORK, NY 10010
TITLE	O
NAME	PF GLOBAL REAL ESTATE ADVISORS,LLC AGENT
STREET ADDRESS	8 CAMPUS DRIVE
CITY-ST-ZIP	PARSIPPANY, NJ 07054

U00000542229
05/10/06-80089-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Francis J. Reilly Jr. 4-24-06 973-754-1476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VP, Prudential Investment Management, Inc.